

# Registered pharmacy inspection report

**Pharmacy Name:** Tupton Pharmacy, Unit 1& 2 Green Lane, New Tupton, CHESTERFIELD, Derbyshire, S42 6BH

**Pharmacy reference:** 1095581

**Type of pharmacy:** Community

**Date of inspection:** 01/08/2024

## Pharmacy context

This busy community pharmacy is located in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service, COVID-19 vaccinations and some other NHS funded services including the Pharmacy First Service. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

## Overall inspection outcome

✓ Standards met

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages risks to make sure its services are safe. And it keeps its records up to date, so it can show it is providing services safely. Members of the pharmacy team record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. The team understands how it can help to protect the welfare of vulnerable people. But, some team members have not confirmed their understanding of the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities. And team members could do more to ensure they always secure people's confidential information.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. The pharmacy team received emails from head office if any of the SOPs were reviewed or updated. There was nothing to indicate that members of the team had read and accepted the SOPs, and the newer members of the team had not read them yet, so there was a risk that they might not fully understand their responsibilities. The pharmacy manager said that he would ensure everyone had read the SOPs and he would print off a contents sheet and ask all the team members to sign it. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Support staff were wearing uniforms. The pharmacy manager was working as the responsible pharmacist (RP) and his name was displayed as required by the RP regulations.

There was a business continuity plan which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. The pharmacy manager explained that it had been recently updated. The pharmacy team recorded near misses and dispensing incidents, and learning points were identified. The pharmacy manager discussed errors with the team and shared any learnings. A dispenser confirmed that she felt comfortable discussing errors and tried to learn from them. She explained that unusual doses, strengths or forms were underlined on prescriptions, so team members took extra care when dispensing and checking them. Different strengths of medicines had been separated and the dispensary shelves were kept neat and tidy to reduce the chance of errors. Clear plastic bags were used for assembled controlled drugs (CDs) to allow an additional check at hand out.

The pharmacy manager explained that team members referred any complaints to him, and he would speak to the complainant and attempt to resolve the situation where possible. The details of how people could raise a concern or leave feedback was outlined in service leaflets which were on display.

A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records, the RP record, and the CD registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

The pharmacy manager confirmed that the pharmacy's information governance (IG) policies were available online. A trainee pharmacist, who had worked in the pharmacy for a couple of days

understood the procedure for dealing with confidential waste. It was stored in designated bags which were collected by a waste disposal company for destruction. Some confidential information was sometimes stored within reach of members of the public, risking unauthorised access. The pharmacy manager agreed to make sure these items were stored securely.

The pharmacy manager had completed level three training on safeguarding and most of the support staff had completed level two. There was a child and vulnerable adults protection policy and the contact numbers of who to report safeguarding concerns to in the local area were available. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy manager was aware of the 'Ask ANI' initiative, where pharmacies were providing a safe space for victims of domestic abuse. He confirmed that the consultation room was always available for anyone requiring a confidential conversation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are well trained, and they work effectively together in a busy environment. The pharmacy encourages team members to keep their skills up to date and it supports their development. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

The pharmacy manager, a trainee pharmacist, an accuracy checking technician (ACT) and two NVQ2 qualified dispensers (or equivalent) were on duty. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that no more than one person was away at a time. Absences were covered by re-arranging the staff hours, and requests could be made to head office for a locum dispenser if necessary. There were other pharmacies within the same company in the area, so there was also the option of transferring staff from one of them in an emergency.

Members of the pharmacy team completed appropriate training and used an eLearning platform to ensure their training was up to date. Individual records could be viewed on this. The pharmacy team had protected training time. Head office sent out training requirements in emails, and there were in-house quizzes to test people's understanding when they had completed them. Recent training had been completed on the NHS's Pharmacy First service, sepsis, and antimicrobial stewardship. The Pharmacy manager confirmed that he had completed the required training, including ear examination and the use of the otoscope, for the Pharmacy First service.

The pharmacy team were given formal appraisals where performance and development were discussed with the pharmacy manager. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. The team were supported by a regional manager who visited the pharmacy regularly. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said team members could make suggestions to improve ways of working. The pharmacy manager said the staff worked well as a team and coped well with the steadily increasing workload. A team member described the team as well organised. There was a whistleblowing policy.

The pharmacy manager felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. Team members weren't under excessive pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has consultation rooms, so people can receive services and have confidential conversations with members of the pharmacy team in private.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a high standard, and the fixtures and fittings were in good order. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom where stock and assembled compliance aid packs were stored. Staff facilities were limited to a small kitchen area, and a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

There were three consultation rooms equipped with sinks. They were uncluttered, clean and professional in appearance. The rooms were used when carrying out services such as COVID-19 vaccinations and when customers needed a private area to talk. There were no notices or signs on the rooms indicating that they were consultation rooms. The pharmacy manager said he would arrange for appropriate signage to highlight their availability.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

There was a step up to the front doors of the pharmacy, but it was possible for customers with prams and wheelchair users to enter with assistance. There was a bell at the door and staff said they would always be ready to help customers at the door. There was a portable ramp which could be used if necessary. Services provided by the pharmacy were advertised in the window and listed in the services leaflets. There was a range of healthcare leaflets and posters promoting healthy living. For example, Alcohol Awareness, Healthy Heart, and Live Life better Derbyshire. The pharmacy had carried out around 100 COVID-19 vaccinations in the Spring Booster campaign under the National Protocol and it carried out free COVID-19 testing service for people if they met a specific criteria.

There was a home delivery service. Each delivery was recorded, but the name or signature of the recipient was not always recorded which limited the information available in the event of a problem or query. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy unless the patient had requested an alternative arrangement.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. The exception to this was on assembled methadone solution when the medication labels were not always initialled. This could compromise learning in the event of an error. The pharmacy manager agreed to review this process and introduce a second competent person to the dispensing or checking activity. An ACT accuracy checked some prescriptions. The RP initialled prescriptions to show that they had completed the clinical check. The ACT then knew she could carry out the accuracy check of the prescription. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CDs were prescribed. 'Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as valproate and topiramate containing medicines were targeted for extra checks and counselling. The valproate and topiramate care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. The pharmacy manager said there were a couple of regular patients in the at-risk group. He confirmed that a pharmacist had spoken to them about pregnancy prevention, and they were aware of this requirement.

Multi-compartment compliance aid packs were reasonably well managed. There was a partial audit trail for changes to medication in the packs, but the name of the person who had confirmed the change was not always recorded, which could cause a delay in the event of a query. A list of the people recently

discharged from hospital, on the Discharge Medicine Service, was on a notice in the dispensary. This list was checked before supplying any compliance aid packs, to ensure any changes had been made to their packs. A dispensing audit trail was completed. Medicine descriptions were included on the labelling sheets to enable identification of the individual medicines, and packaging leaflets were included so people were able to easily access additional information about their medicines. Cautionary and advisory warnings were missing from the labelling. The pharmacy manager confirmed that he would contact the software provider to ensure these were added to the labelling sheets. Disposable equipment was used. An assessment was carried out by the pharmacy manager as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service.

A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team and the record of any action taken was recorded so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. The pharmacy manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children.

There were two clean medical fridges for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order.

Sharps bins and other equipment required for the flu and COVID-19 vaccination services were available in the consultation rooms. There was suitable blood pressure testing equipment including equipment for testing ambulatory blood pressure. An otoscope was available for use in the NHS Pharmacy First service. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. Some plastic measures were in use which did not have any accuracy markings and were more difficult to keep clean. The pharmacy manager said he would stop using the plastic measures going forward. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.